



Pet Kare Clinic

102 Anglers Drive Steamboat, CO 970-879-5273

www.petkareclinic.com



Welcome to the Pet Kare Clinic. Thank you for choosing us for your pet care needs. So that we may provide the most comprehensive care for your pet, please take a moment to complete these questions

Today's Date: _____

Name: _____

Spouse/Other: _____

Mailing Address: _____

City _____ State _____ Zip Code: _____

Physical Address: _____

Home Phone _____ Work Phone _____ Cell Phone: _____

Spouse Cell: _____

Email Address: _____

If needed can we call you at work? YES NO

How did you hear about us? Yellow Pages Newspaper Friend Other _____ How?

If a friend referred you who may we thank? Name _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

Who will be responsible for authorizing procedures and paying for services?

Name: _____

Signature: _____ Date: _____

Please indicate your choice of payment: VISA MC DISCOVER CASH CHECK

Reason for today's visit: _____

WELCOME TO OUR OFFICE!

HAPPY PETS!

HAPPY PEOPLE!

(Continued on back)

Pet's Name _____

Dog Cat Other _____

Breed: _____

Color: _____

Birthdate: (approx if unknown) _____

Sex: _____ Spayed/Neutered YES NO

Date of Last Vaccines _____

If not spayed/neutered do you plan to breed? _____

Have you medicated your pet recently? _____

If yes, state medications _____

Has your pet been tested for heartworms? _____

Has your pet been on parasite preventative? _____

Does your pet have a microchip/tattoo? _____

What brand food do you feed? _____

Canned or dry? _____

Has your pet had regular dental care? _____

How many hours is your pet outdoors? _____

Do you use your pet for hunting or sporting? _____

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How many hours is your pet outdoors? _____

Do you use your pet for hunting or sporting? _____

What prior illness or health issue(s) has/have your pet(s) had? _____
